

Office of Financial & Insurance Services Employment Application

In accordance with Michigan Civil Service Rule 1-7, if you are not currently a classified state employee any offer of state employment will be on a conditional basis until you submit and pass a preemployment drug test. Office of Financial and Insurance Services may require a credit check for certain job classifications. If you need special accommodations to attend an interview, contact Human Resources Division, Office of Financial and Insurance Services, at (877) 999-6442.

APPLICANT INFORMATION				
Applicant's Name (Last, First, M.I.)		Social Security No.	State Employee ID No. (If Applicable)	
Street Address		Area Code/Telephone No. (between 8 am and 5 pm) ()		
City	State	Zip Code	Drivers License Number	
E-mail Address				
Do you have a permit to work in the United States?		If no, explain visa status		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Posting Number	Position Applying For	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student Assistant		
EDUCATION AND TRAINING				
Check all appropriate boxes. Attach photocopy of college transcript.		Major		Date of Completion
<input type="checkbox"/>	High School Graduate/GED			
<input type="checkbox"/>	Associate's Degree			
<input type="checkbox"/>	Bachelor's Degree			
<input type="checkbox"/>	Master's Degree			
<input type="checkbox"/>	Other:			
OCCUPATIONAL LICENSES, REGISTRATION, CERTIFICATES				
License/Certificate Issued By	Field/Trade/Specialization	License/Certification No.	Issue Date	Expiration Date
Do you have any concerns regarding overnight travel? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain.				
Do you have the use of a Motor Vehicle (if required in the performance of job duties)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list programs you have used.				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain.				
Are there any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain.				
Have you ever been discharged or suspended by any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain.				
Do you have any supplemental employment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain.				
Are you related to anyone who currently works for the Michigan Department of Labor & Economic Growth? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate name(s) of relatives.				



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: www.michigan.gov/ofis

Phone OFIS toll-free at: 1-877-999-6442

EMPLOYMENT HISTORY			
Please list below all work-related experience, starting with most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary. Please attach a current resume to this application.			
Classification and/or Job Title		Dates of Employment	
		From	To
Employer		Supervisor Name and Title	
Business Address			Telephone No.
Description of job duties:			Reason for leaving:
Classification and/or Job Title		Dates of Employment	
		From	To
Employer		Supervisor Name and Title	
Business Address			Telephone No.
Description of job duties:			Reason for leaving:
Classification and/or Job Title		Dates of Employment	
		From	To
Employer		Supervisor Name and Title	
Business Address			Telephone No.
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Classification and/or Job Title		Dates of Employment	
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Employer		Supervisor Name and Title	
Business Address			Telephone No.
Description of job duties:			Reason for leaving:
Classification and/or Job Title		Dates of Employment	
		From	To
Employer		Supervisor Name and Title	
Business Address			Telephone No.
Description of job duties:			Reason for leaving:

*Please add additional pages, if necessary.

References (List three professional references that may be contacted)		
Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation

Submit Completed Application, Resume and Copy of College Transcripts to:
 Human Resources Division, Office of Financial and Insurance Services,
 Department of Labor & Economic Growth
 P.O. Box 30220
 Lansing, Michigan 48909

APPLICANT CERTIFICATION: I certify that all information above is true and complete and I agree and understand that any falsification of material facts will result in forfeiting any rights to consideration for employment with the Office of Financial and Insurance Services or possible dismissal, if discovered after I have been hired.	
Applicant Signature	Date